



DRINKING WATER ANALYSIS REPORTING FORM
SURFACE WATER/GROUNDWATER UNDER THE
INFLUENCE OF SURFACE WATER TREATMENT

*** Monthly Report to be filled out by system personnel ***

*** PUBLIC WATER SYSTEM INFORMATION ***

[]

PWS ID Number

[]

PWS Name

[]

Report Date

[]

Owner/Contact Person

[]

Owner/Contact Email Address

() []

Owner/Contact Phone Number

SAMPLE LOCATION

Treatment Plant ID [TPSW]

MONITORING PERIOD: MONTH [] YEAR []

*** COMBINED FILTER EFFLUENT TURBIDITY ***

Was the treatment plant in operation for the month being reported?

☐ YES ☐ NO

If the treatment plant was not in operation for the entire month, record the total number of days or hours the treatment plant was in operation during the month.

DAYS [] HOURS []

A. Total number of combined filtered water turbidity samples taken or indicate "Continuous" if samples were collected hourly, or more frequently

[] or ☐ Continuous

MAXIMUM TURBIDITY MEASUREMENT

B. Number of turbidity samples exceeding the specified limits for the filtration technology used

[]

Conventional or Direct Filtration Limit – 1 NTU

Slow Sand or Diatomaceous Earth (DE) Filtration Limit – 5 NTU

Alternative (cartridges, membranes, bags) Filtration Limit – 5 NTU

Record the date and value of turbidity samples that exceed the specified limits for the filtration technology used

Date/Time of Occurrence

Turbidity Value (NTU)

Date/Time Reported to Regulatory Agency

If none occurred, enter "NONE"

C. Highest single turbidity reading for the month

[]

95% TURBIDITY MEASUREMENT

D. Total number of filtered water turbidity measurements that are greater than the specified limits for the filtration technology used:

[]

Conventional or Direct Filtration Limit – 0.3 NTU

Slow Sand or Diatomaceous Earth (DE) Filtration Limit – 1 NTU

Alternative (cartridges, membranes, bags) Filtration Limit – 1 NTU

E. The percentage of turbidity measurements that are greater than the specified limits:

[] / [] X 100 = [] %
D A

Comments []



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*** INDIVIDUAL FILTER TURBIDITY ***

Note: If your system serves less than 10,000 people, uses direct or conventional filtration, and consists of two or fewer filters, you may conduct continuous monitoring of combined filter effluent in lieu of individual filter effluent turbidity monitoring. Systems using this option must complete this page. Systems not using direct or conventional filtration do not have to complete this page.

1. Was each individual filter monitored continuously? ☐ YES ☐ NO
2. Were measurements recorded every 15 minutes? ☐ YES ☐ NO
3. Was there a failure in the continuous filter monitoring or 15 minute recording equipment that lasted 4 or more hours (i.e., 16 or more continuous filter turbidity readings/recordings missed due to equipment failure) during the month? **If yes, indicate the date(s), duration, and individual filter grab sampling frequency on a separate sheet.** ☐ YES ☐ NO

INDIVIDUAL FILTER EVENT

Did any individual filter exceed

4. 1 NTU in two consecutive measurements taken 15 minutes apart? If yes, complete the table below and indicate required follow-up status (Filter Profile). ☐ YES ☐ NO

5. 0.5 NTU in two consecutive measurements taken 15 minutes apart at the end of the first four hours of continuous operation after the filter has been backwashed, or otherwise taken offline? If yes, complete the table below and indicate required follow-up status (Filter Profile). ☐ YES ☐ NO

6. 1 NTU in two consecutive measurements taken 15 minutes apart at any time in each of three consecutive months? If yes, complete the table below and indicate required follow-up status (Individual Filter Self-Assessment). ☐ YES ☐ NO

7. 2 NTU in two consecutive measurements taken 15 minutes apart at any time in each of two consecutive months? If yes, complete the table below and indicate required follow-up status (Comprehensive Performance Evaluation CPE). ☐ YES ☐ NO

Filter Number	Individual Filter Event	Date/Time of Occurrence	Turbidity Value (NTU)	Follow-up Action Taken (Y/N)*
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If a report is required, add an explanation of the type of report, trigger date and completion date to this form.

Was an event reported for any individual filter listed in the table above during the previous month? **If yes, identify which filter(s)** [] ☐ YES ☐ NO



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***** ENTRY POINT TO THE DISTRIBUTION SYSTEM (EPDS) MINIMUM RESIDUAL DISINFECTION
CONCENTRATION (RDC) *****

Was treated surface water being served for the month being reported?

☐ YES ☐ NO

If surface water was not being served for the entire month, record the total number of days or hours surface water was being served.

DAYS [] HOURS []

A. Total number of minimum residual disinfection concentration samples taken or indicate "Continuous" if samples were collected hourly, or more frequently

[] or ☐ Continuous

B. Record the number of occurrences of RDC less than 0.2 mg/l entering the distribution system during the month

[]

C. Record the lowest measurement of RDC in mg/l entering the distribution system. **Put a "NO" if treated surface water was not served for that day.**

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31									

D. Record any occurrences of RDC less than 0.2 mg/L entering the distribution system.

Date/Time of Occurrence	Date/Time Reported to Regulatory Agency	Hours until restored to 0.2 mg/L or above	Date follow-up report to Regulatory Agency



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*** DISTRIBUTION SYSTEM MINIMUM RESIDUAL DISINFECTION CONCENTRATION (RDC) ***

Number of instances where the RDC was measured A. []

Number of instances where the RDC was measured but not detected B. []

Calculate the percentage of undetected residuals found

$$\frac{\text{B}}{\text{A}} \times 100 = [] \%$$

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Authorized Signature []

DWAR 15 A & B:
Revised 12/2021

Submit all four (4) pages to:

EMAIL: WQD_Compliance_Data@azdeq.gov

-or- MAIL: ADEQ Water Quality Compliance Data Unit (MC 5415B-1),
1110 W. Washington St., Phoenix, AZ 85007.

For questions, go to: azdeq.gov/DWComplianceAssistance